



# TEMPORARY LICENSE APPLICATION

CITY OF SAINT PAUL

Office of License, Inspection  
and Environmental Protection

350 St. Peter St. Suite 300  
Saint Paul, Minnesota 55102  
(612) 266-9090 fax (612) 2669124

THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC

PLEASE TYPE OR PRINT IN INK

Type of License(s) being applied for: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_  
Street Address City state Zip

Mail To Address: \_\_\_\_\_  
Street Address City state Zip

Contact Name and Phone Number: \_\_\_\_\_

List all officers of the organization:

OFFICER NAME	TITLE (Office Held)	HOME ADDRESS	HOME PHONE	BUSINESS PHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## CERTIFICATION OF WORKERS' COMPENSATION COVERAGE PURSUANT TO MINNESOTA STATUTE 176.182

I hereby certify that I, or my company, am in compliance with the workers' compensation insurance coverage requirements of Minnesota Statute 176.182, subdivision 2. I also understand that provision of false information in this certification constitutes sufficient grounds for adverse action against all licenses held, including revocation and suspension of said licenses.

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Coverage from \_\_\_\_\_ to \_\_\_\_\_

I have no employees covered under workers' compensation insurance

## ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby state further that I have received no money or other consideration, byway of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted.

\_\_\_\_\_  
Signature (REQUIRED for all applications)

\_\_\_\_\_  
Date

**\*LICENSE APPLICATION FEE MUST BE RECEIVED WITH EACH APPLICATION**

\$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Additional application requirements. If applying for -**

**Close Out Sale**

- \_\_\_\_\_ Attach a letter stating the reason for the sale, and a list of inventory, including wholesale or retail prices.
- \_\_\_\_\_ Complete the attached affidavit

**Tag Days**

- \_\_\_\_\_ Attach a letter requesting the tag days license.  
The letter should include the purpose and use of solicitation funds, names of people responsible for the distribution of collected funds, date, hours and location of solicitation.
- \_\_\_\_\_ Attach a financial statement which includes the amounts of any wages, fees, commissions, costs or expenses paid or which are expected to be paid in connection with solicitation. Also list names of persons to whom payments have been made or will be made and the amounts of such payments.
- \_\_\_\_\_ Attach a copy of the budget showing solicitations for this fiscal or calendar year.

**Transient merchant**

- \_\_\_\_\_ Attach information of where business will be conducted (name of business and address)
- \_\_\_\_\_ Include Ramsey County Transient Merchant License Number.

**Entertainment** (for liquor establishments without an annual entertainment license)

Attach a letter requesting the temporary entertainment license.

The letter should include the name and date of the event, hours of operation, and location of entertainment.

**Note: Limit of 3 per year.**

**Liquor-Extension of service area** (for establishments with an annual liquor license)

- \_\_\_\_\_ Attach a letter requesting the extension of service area for liquor and/or entertainment.  
The letter should include the name and date of the event, hours of operation, location of liquor service, and type of security and enclosures to be provided.
- \_\_\_\_\_ Attach district council approval or petition of approval from 60% or more of your neighbors within 200 feet.

**NOTE: Limit of 12 per year.**

**Liquor Catering** (for establishments with a State Catering License and City On Sale Liquor License)

- \_\_\_\_\_ Complete Special Event Food Review and License Application **(must apply for the annual license)**

**Liquor Catering** (for establishments with a State Catering License and no City Liquor License)

- \_\_\_\_\_ Attach a diagram showing the liquor service area and the security provided.
- Attach a letter of intent for requesting the temporary license.  
The letter should include the nature of the event and whether it is public or private, address of the event, date and hours during which liquor will be sold/served and the proposed use and disbursement of profits from the sales.
- \_\_\_\_\_ (If sales are to be made on a premise other than your own) attach a letter of consent from the owner and/or person with lawful responsibility for premise from which license is being requested.
- \_\_\_\_\_ (If sales will be in any city parks) attach a copy of permission from Parks and Recreation Department.
- \_\_\_\_\_ Attach liquor liability insurance.  
Insured must list the corporate name, doing business as, address of event, policy #, and dates of liquor coverage.

**Liquor, Wine or Malt (3.2) On Sale-Temporary** (for non-profit organizations only)

- \_\_\_\_\_ Attach proof of non-profit status and letter of intent for requesting the temporary license.  
The letter should include the nature of the event and whether it is public or private, address of the event, date and hours during which liquor will be sold/served and the proposed use and disbursement of profits from the sales.
- \_\_\_\_\_ (If sales are to be made on a premise other than your own) attach a letter of consent from the owner and/or person with lawful responsibility for premise from which license is being requested.
- \_\_\_\_\_ (If sales will be in any city parks) attach a copy of permission from Parks and Recreation Department.
- Attach liquor liability insurance.  
Insured must list the corporate name, doing business as, address of event, policy #, and dates of liquor coverage.

**NOTE: Alcohol Awareness Training is required yearly per organization.**

**Limit of three (3) temporary licenses not to exceed four (4) consecutive days per organization or any one location within a 12-month period.**

**No outside service area shall be permitted unless safety barriers or other enclosures are provided.**

**No outside service area shall be located on public property or upon any street, alley, or sidewalk**